



State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/19/2015

Business ID: 558440

William M. Gardner

Secretary of State

DEKA INTEGRATED SOLUTIONS CORP.

340 COMMERCIAL ST
MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

340 COMMERCIAL ST
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

DUFFY, BRENDAN J
340 COMMERCIAL STREET
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 558440

STATE OF DOMICILE: NEW HAMPSHIRE

RESEARCH AND DEVELOPMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Dean Kamen
STREET 340 Commercial St.
CITY/STATE/ZIP Manchester Nh 03101

V-PRES. Robert Tuttle
STREET 340 Commercial St.
CITY/STATE/ZIP Manchester Nh 03101

TREAS. Robert Tuttle
STREET 340 Commercial St.
CITY/STATE/ZIP Manchester Nh 03101

SEC'Y. Robert Tuttle
STREET 340 Commercial St.
CITY/STATE/ZIP Manchester Nh 03101

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Dean Kamen
STREET 340 Commercial St.
CITY/STATE/ZIP Manchester Nh 03101

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Robert Tuttle

Please print name and title of signer:

Robert Tuttle

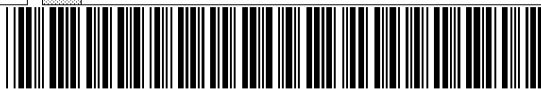
VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



055844020151005

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301